P6400.02 DENTAL SERVICES

U.S. Department of Justice
Federal Bureau of Prisons

Program Statement

OPI: HSD/DEN
NUMBER: P6400.02
DATE: 1/15/2005
SUBJECT: Dental Services

1. **PURPOSE AND SCOPE**. To stabilize and maintain the inmate population's oral health. Dental care will be conservative, providing necessary treatment for the greatest number of inmates within available resources.

2. **PROGRAM OBJECTIVES.** The expected result of this program is:

Necessary dental care will be provided to inmates by health care providers, who provide quality care consistent with professional standards.

3. **DIRECTIVES REFERENCED**

P4100.04	BOP Acquisitions Manual (5/19/04)
P4500.04	Trust Fund/Warehouse/Laundry Management Manual (12/15/95)
P5290.14	Admission and Orientation Program (4/3/03)
P5500.11	Correctional Services Manual (10/10/03)
P5521.05	Searches of Housing Units, Inmates, and Inmate Work Areas (6/30/97)
P5580.06	Personal Property, Inmate (7/19/99)
P6010.02	Health Services Administration (1/15/05)
P6013.01	Health Services Quality Improvement (1/15/05)
P6027.01	Health Care Provider Credential Verification, Privileges, and Practice Agreement Program (1/15/05)
P6031.01	Patient Care (1/15/05)
P6090.01	Health Information Management (1/15/05)
P6190.02	Infectious Disease Management (10/3/95)
P6360.01	Pharmacy Services (1/15/05)
P6370.01	Laboratory Services (1/15/05)

Title 29, CFR 1910.1200 OSHA Hazard Communication Program

4. **STANDARDS REFERENCED**

a. American Correctional Association 4th Edition Standards for Adult Correctional Institutions: 4-4196**(M)**, 4-4215**(M)**, 4-4347, 4-4354**(M)**, 4-4358, 4-4360, 4-4361, 4-4375, 4-4378, 4-4381, 4-4382, 4-4384, 4-4392, 4-4393, 4-4393**(M)**, 4-4410, 4-4412, and 4-4421**(M)**

b. American Correctional Association 3rd Edition Standards for Adult Local Detention Facilities: 3-ALDF-3A-22**(M)**, 3-ALDF-3B-05**(M)**, 3-ALDF-4E-02**(M)**, 3-ALDF-4E-05, 3-ALDF-4E-09, 3-ALDF-4E-10, 3-ALDF-4E-15, 3-ALDF-4E-16, 3-ALDF-4E-17, 3-ALDF-4E-19**(M)**, 3-ALDF-4E-23, 3-ALDF-4E-29, 3-ALDF-4E-33, 3-ALDF-4E-36, and 3-ALDF-4E-47

5. **ORGANIZATION**

a. **Chief Dentist.** The Bureau dental programs are under the direction of Bureau's Chief of Dental Programs (Chief Dentist). The Medical Director privileges and supervises the Chief Dentist. The Chief Dentist:

- **!** establishes national program goals;
- **!** sets objectives for providing professional and administrative direction to Bureau dental programs;
- **!** recruits qualified dentists and auxiliary personnel; and
- **!** represents the Bureau's dental services as necessary with other government agencies or professional groups.

b. **Regional Dental Services.** The Chief Dentist, in concert with the Regional Directors and the Medical Director, selects a Regional Dental Consultant (RDC) for each region.

- **!** The RDC provides professional direction for institutional staff in that region and for the Regional Health Systems Administrator.

- **!** The RDC serves as first point of contact in dental matters pertaining to policy, recruitment, clinic construction, staff assists, and program/peer reviews. The RDC's duties are collateral with

institutional responsibilities.

c. **Institutional Dental Services.** The Bureau's Medical Director is the privilege granting authority for the Chief Dental Officers (CDO). This authority may be delegated to the Bureau's Chief Dentist. The Medical Director will delegate authority for directing the Dental Services Unit to the institution's CDO.

- Each institution will have a CDO.
- The CDO has the authority to grant dental privileges to institution dental staff and consultants. Any staff providing dental treatment must be properly credentialed (verified) and have a signed privilege statement or practice agreement.
- The CDO is generally under the supervision of the institution Associate Warden (AW) or Clinical Director (CD). Supervision of the CDO cannot be delegated below the CD. This is a local decision.
- The CDO supervises all dental staff.
- Clinical decisions are the responsibility of the assigned dentist.
- The Health Services Administrator (HSA) will have budget and procurement oversight for the Dental Clinic. (Refer to Program Statement on Health Services Administration)

6. **DENTAL CLINIC ADMINISTRATIVE PROCEDURES**. The CDO will write the local Policy and Procedure Manual on dental health care. The CDO will review the Inmate's Admission and Orientation (A&O) Handbook to ensure that information about the dental clinic is correct. The Policy and Procedure Manual will be negotiated locally.

a. **Staffing.** The CDO will be knowledgeable of both Office of Personnel Management (OPM) and U.S. Public Health Service (PHS) personnel systems. The authority to fill positions is

held by the institution's Warden based upon requests justifying the need for staffing.

The BOP Chief Dentist will establish staffing guidelines for dental clinics. Generally, each institution should have one dentist for every 1,000 inmates. Staffing guidelines may vary by institution depending on the mission.

(1) **Auxiliary Personnel.** Auxiliary personnel are essential to an efficient dental services unit.

- Surgical procedures will not be performed without a dental assistant. Institutions should provide one dental assistant for each clinical dentist.
- Each institution should have one dental hygienist.

(2) **Training.** Dental staff will maintain their professional skills through continuing medical education programs.

(3) **COSTEP/Student Interns.** Local institutions may employ students who have entered into an agreement with PHS's Commissioned Officers Student Extern Program (COSTEP) for short-term engagements.

Institutions may establish training agreements with local professional schools for using student interns in various capacities.

- The agreement must be a written contract subject to annual review.
- A copy is to be forwarded to the Bureau Chief Dentist for review prior to starting the program.

b. **Practice Privileges.** The extent of privileges granted will depend upon the practitioner's education and experience.

- All dental staff will work within the scope of their licensure, state practice acts, and privilege statements or practice agreements.

A properly credentialed (verified) and licensed dental hygienist with a signed practice agreement may provide hygiene and other dental services in the dentist's absence if supervised by a licensed provider and in accordance with the hygienist's state licensing requirements.

c. **Record Management**

(1) **The Health Record.** No inmate will have access to the Health Record. During an examination, inmates working in the dental clinic are allowed to do charting on a blank BP-S618.060

form that is separated from the Health Record and reviewed by a dentist. Section 3 of the Health Record is designated for all dental forms.

- All records will be returned to Health Information Management Department by the end of the workday.
- The entire Health Record will be kept together.
- Institutions will not maintain separate dental records.

(2) **Documentation.** All documentation in the dental section must be accomplished in accordance with the standards defined in the Program Statement on Health Information Management.

(3) **Release of Information.** The release of information from the Health Record to an inmate is governed by the Program Statements on Release of Information and Health Information Management.

d. **Quality Improvement Program (QIP).** Each institution's Dental Services Unit will participate in the Health Services Unit's QIP. The program will be consistent with Joint Commission on Accreditation of Healthcare Organizations (JCAHO) guidelines and designed to meet the JCAHO standards. Monthly health record reviews will include the dental section of the health record.

e. **Data Management.** The daily collection of clinic practice data is an essential duty of every practitioner. Data will be collected on the Daily Dental Treatment Log and the Monthly Dental Treatment Log. These forms (logs) assist all levels of management to assess trends in:

- Patient pathology;
- Clinic efficiency;
- Practitioner productivity; and
- Staffing needs.

Each practitioner will complete a Daily Worksheet. These statistics will be transferred to the Monthly Worksheet, which is later used to prepare the Data Management Report (BP-DEN-1). These documents are available on BOPDOCS.

- The Data Management Report will be submitted by the 15th of the month (October, January, April, July) via BOPNet GroupWise to the RDC.

- The RDC will compile this information and submit it to the Chief Dentist.

f. **Facility Management.** A clean and properly functioning dental clinic is essential to provide a high quality and quantity of dentistry in a safe and timely manner. The CDO is responsible
for maintaining dental facilities at a high standard of sanitation and ensuring that each piece of equipment is working properly.

- Daily maintenance is the dental staff’s responsibility.

- Each Dental Services Unit will maintain all warranty

  and maintenance information of all dental equipment, including handpieces.

- Each CDO will insure that the dental clinic equipment is included in the Health Services Unit preventive maintenance program.

- The x-ray units will be inspected and calibrated according to policy.

g. **Precious Metal Removal.** Precious metal (gold) which is removed from the inmate's mouth will be autoclaved, placed in an envelope and marked with the patient's name, number, date, and description of the item. The Inmate Property Record form (BP-S383) will be used.

- The autoclaved item and form will be taken to the Inmate Systems Management (ISM) Department for disposition as the inmate's personal property.
- A copy of the form will be placed in section 3 of the Health Record.

h. **SENTRY.** Dental services will use SENTRY to place inmates on call-out, retrieve necessary information, and may be used to maintain treatment lists.

7. **INMATE WORKERS.** If inmates are used as dental assistants, they must be enrolled in, or have completed, the Department of Labor Dental Apprenticeship Program.

In accordance with ACA standards and Bureau policy:

- Inmates will not perform direct patient care, including taking x-rays; and
- Inmates who are dentists will not be allowed to work in the dental clinic in any capacity.

Inmates who are diagnosed with HBV, HCV, or HIV infections will be allowed to work in the dental clinic as a dental assistant with approval of their primary care provider.

Re-screening for bloodborne pathogen infections will be performed for any clinically suspected new infection consistent with recommendations for post exposure management.

- All inmate dental assistants will be offered the hepatitis B vaccine in accordance with OSHA regulations. Dentists should refer to the Program Statement on Infectious Disease Management.

Inmates assigned as infection control technicians, dental laboratory technicians, or orderlies do not require screening for bloodborne pathogens.

- **!** Inmates with these work assignments will be offered hepatitis B vaccine unless they have evidence of prior immunity.

Inmate supervision in the Dental Clinic will be consistent with current Bureau policy.

8. **DENTAL CLINIC TREATMENT PROCEDURES**

a. **Oral Health Education.** Personal oral hygiene is an essential component in maintaining good dental and general health. It is important that oral health information be provided as early in an inmate's incarceration as possible.

(1) **Areas of instruction will include the following:**

(a) **Patient Education.** The CDO will provide patient education to promote understanding of the relationship between dental plaque and the development and progress of oral diseases. Patient education will include information on the relationship between oral diseases and tobacco products, alcohol, and other drugs.

Educational materials will be provided at oral screening examinations and A&O examinations.

- **!** The CDO will take advantage of every opportunity to provide oral health and hygiene information to the institution population (e.g., pamphlets, booklets, A&O orientation, etc.).

(b) **Brushing:** technique, type of brush, frequency.

(c) **Flossing:** technique, type of floss, frequency.

(d) **Other oral hygiene aids**.

(e) **Diet and Nutrition.** The relationship of plaque formation and dental pathology to the intake of simple carbohydrates and the frequency of intake.

(2) **Requirement for Adequate and Proper Oral Hygiene.** Inmates are required to demonstrate they are practicing adequate and proper oral hygiene prior to the delivery of non-emergency treatment.

- The treating dentist may discontinue care at any time if it becomes apparent the inmate is not practicing proper oral hygiene.

- Inmates will still have access to emergency dental care (e.g., to treat infection, pain, etc.)

(3) **Oral Hygiene Products.** The CDO will make an ongoing effort to ensure that the institution has available suitable toothbrushes, floss or suitable substitutes, and an American Dental Association (ADA) accepted fluoride dentifrice.

b. **Intake Screening.** Inmates will respond to oral health questions regarding their oral health status as part of the intake screening process. Dental emergencies will be assessed immediately. (Refer to the Program Statement on Patient Care.)

c. **Dental Examinations**

(1) **Oral Screening Examination.** At short term custody institutions (FDCs, MDCs, MCCs, Jails, and the FTC) the oral screening examination will be performed as part of the physical examination. A dentist, dental assistant, or dental hygienist will perform dental screening examinations. This is an abbreviated examination that is completed within 14 days of admission.

- Dental assistants and hygienists performing a screening examination must be properly trained and designated by the dentist before performing screening examinations.

- The examination will provide an abbreviated description of the patient’s dentition and a soft tissue examination.

- All screening examinations will be recorded in the dental section of the Report of Medical Examination form (SF-88).

Should an inmate’s length of stay exceed one year at a short term facility, a dentist must perform an A&O examination.

(2) **Admission and Orientation (A&O) Examination.** All inmates designated to an FCI, USP, MRC, or Camp, will receive an A&O examination within 14 days of arrival. This examination is performed only once during an inmate's current incarceration.

A dentist will perform this examination and the examination cannot be delegated to a non dentist. The examination will include:

- a dental health history (BP-S787);
- an examination of the hard and soft tissue of the oral cavity by means of an illuminator light, mouth mirror, and explorer;
- a periodontal examination using the Community Periodontal Index of Treatment Needs (CPITN) to assess the inmate's periodontal condition; and
- x-rays for diagnostic purposes should be available if deemed necessary by the dentist.

The inmate will be notified of the findings and instructed on how to access treatment.

On very rare occasions, this examination may be delayed if warranted by professional judgment. The reason for the delay will be documented in the dental record.

An A&O Examination will be recorded on the Clinical Dental Record form (BP-S618.060). Information about Decayed, Missing, and Filled Teeth (DMFT) will be recorded on the front of the form.

- Any examination performed after the A&O Examination is either a periodic or comprehensive treatment planning examination.

(3) **Comprehensive Treatment Planning Examination.** This examination will be completed prior to providing non-emergency treatment and is a thorough and complete visual and tactile examination. A comprehensive treatment planning examination will include:

- a health history review;
- a complete periodontal examination;
- review of the screening examination findings;
- necessary radiographs (less than one year for bitewings and periapicals, less than five years for panoramic x-rays);
- updated charting if indicated;
- documentation of oral health education; and
- necessary consultations and laboratory tests.

This examination is consistent with professional standards of care and enables the practitioner to develop and document a treatment plan.

- Prophylaxis is considered non-emergency care, however, to assist the dentist in diagnosis and treatment planning, a prophylaxis may be completed prior to the comprehensive examination.

(4) **Periodic Examination.** A periodic oral examination is performed to reassess the oral health of the inmate. The periodic oral examination will include:

- a head and neck examination;
- an oral hard and soft tissue examination;
- necessary radiographs;
- CPITN assessment; and
- a documentation update on a BP-S618.060 may be required.

Inmates who transfer to another Bureau institution may request a periodic examination only if the initial A&O examination is more than six months old.

(5) **Community Periodontal Index of Treatment Needs (CPITN).** The initial A&O examination, the comprehensive examination, and the periodic oral examination will include an assessment of periodontal status based upon the CPITN.

- A manual outlining CPITN will be available at each clinic site.

- The manual is available through the RDC or the National Prevention Officer.

The CPITN is an assessment tool to determine an inmate's periodontal health status and treatment needs. Inmates will be fully informed of their periodontal status and provided with information on prevention, self-care and treatment options.

d. **Dental Treatment**

(1) **Emergency Dental Care.** Emergency care includes treatment for relief of severe dental pain, traumatic injuries, acute infections, sedative fillings, extraction of non-restorable teeth, and gross debridement of symptomatic areas.

- **!** Emergency dental care will be available to all inmates on a 24-hour basis.
- **!** Inmates with a sentence of one year or less will receive emergency care and may have repair of partials and dentures.

Emergency dental care is of the highest priority and will be provided during dental triage. If emergencies occur during the regular workday, procedures will be in place to respond.

The placement of a definitive restoration should only be considered when a temporary restoration cannot be placed. For example, a fractured anterior tooth may require a permanent resin restoration as opposed to a temporary restoration. The cited example should be a rare occurrence as the placement of permanent restorations requires a treatment plan.

(a) **Dental Triage.** Dental triage will occur during normal work hours. Dental staff will triage and prioritize inmate requests for services and schedule appointments based on need. Only emergency care will be provided during triage.

(b) **Inmates With Special Designations.** Inmates who are housed in segregation, special housing, or jail units for less than a 12 month period will have access to dental triage and
emergency care only. Health care staff assigned to these areas will notify dental services of emergency cases requiring evaluation.

At the end of this 12 month period, the inmate will be eligible to receive routine care.

- **!** Exceptions to this policy must be approved in advance by the Chief Dentist, Central Office.

- **!** These procedures will be described in an Institution Supplement or the Dental Policy and Procedures Manual.

(c) **Documentation of Triage and Emergency Procedures.** All dental triage and emergency appointments will be documented using the "SOAP" format.

- ! **S**ubjective findings: Symptoms described by patient
  Objective findings: Results of the clinical examination, radiographs, tests or
  Assessment: Provisional diagnosis
  Plan: Treatment rendered

(2) **Non-Emergency Dental Treatment.** Institutions will provide access to non-emergency dental care for sentenced inmates, as resources of staff, time, and materials are available, and commensurate with the inmate's ability to maintain good oral health.

Non-emergency dental treatment is elective and an inmate may request this care through the institution’s Inmate Request to Staff Member procedure or any other means authorized by local policy and procedures. Non-emergency care includes but is not limited to:

- **!** radiographs;
- **!** oral health instructions;
- **!** indicated prophylaxis;
- **!** other periodontal therapy;
- **!** endodontic and restorative treatments;
- **!** oral surgery; and
- **!** the fabrication of a prosthesis.

(a) Dental prophylaxis (hygiene appointment) is considered non-emergency care. Prophylaxis will not occur

more than once a year for healthy patients.

- Inmates with special needs will be evaluated on a case-by-case basis.

- Inmates will be advised the use of tobacco products may delay further treatment.

(b) Root canal fillings may be placed when the dentist deems it advisable. This treatment will not be under taken if the following conditions are present:

- the tooth is a third molar;
- inadequate oral hygiene;
- the tooth is periodontally compromised;
- high caries rate;
- the tooth requires extensive restoration;
- missing teeth in the same arch which will be replaced with a removable prosthesis;
- opposing tooth is missing;
- other teeth in the same arch are of questionable prognosis; or
- the tooth is not essential to maintain the integrity of the arch.

(c) Exodontia will require a review of the patient’s health history, x-ray, reason for extraction, and a signed consent form.

- X-rays must be current (one year or less) and should be of diagnostic quality.

- The tooth being extracted should be clearly visible to include the apices.

- Bitewing x-rays are unacceptable.

(d) Removable partial dentures (RPD) may be provided at the CDO's discretion. The Bureau is not required to replace missing teeth, regardless of when or where the teeth were
removed. A RPD will not be undertaken if any of the following conditions are present:

- poor periodontal health;
- poor oral hygiene;

- non restorable teeth present;
- chronic infection;
- restorations have not been completed;
- eight or more posterior teeth in occlusion, to include bicuspid occlusion; or
- the inmate has less than one year remaining on his or her sentence.

All RPDs (transitional, temporary, cast, or acrylic) will be initiated **only after** periodontal, surgical, and restorative treatment is completed.

- Inmates requiring replacement of anterior teeth or any remake within five years will be considered on a case-by-case basis at the CDO's discretion.

- Removable partial dentures will be provided at the CDO's discretion and must be justified by a lack of teeth for adequate mastication.

- Prosthesis will only be provided in a periodontally healthy environment after all restorative work is completed.

(e) Obturators, dentures, and RPDs will be provided when the health of the inmate would be adversely affected. This determination will be made by a dentist.

- Unless co-morbidities have been identified (contributing to mal-absorption or malnourishment) an edentulous state will not adversely affect an inmate's overall health. Care will be prioritized for inmates with a documented medical condition contributing to mal-absorption or malnourishment at the discretion of the dentist.

(3) **Access to Care.** Access to care must be equitable. Treatment lists, appointment books, and prioritized treatment lists are examples of methods used to provide access to dental care.

- Inmates will not be involved in the scheduling process.

Dental staff will evaluate inmates, transferring from other Bureau institutions, who request care, for the continuation of treatment. The CDO will review the inmate's previous treatment record and submitted requests for care.

- When requested, inmates will be placed on the receiving institutions waiting list in the chronological order of their initial request for care located in the health record (date of original BP-S148).

- Treatment will be continued at the dental officer's discretion.

(4) **Accessory Dental Treatment.** Accessory treatment is considered elective and extends beyond the scope of non-emergency care. It includes, but is not limited to, the following:

- orthodontic tooth movement;
- fixed prosthetics (to include multiple unit Maryland Bridges);
- dental implants;
- edentulous ridge augmentation;
- orthognathic surgery;
- second molar endodontics;
- TMJ (temporomandibular joint);
- vital bleaching; and
- periodontal surgery (periodontal surgery is contraindicated for patients using tobacco products).

If the CDO determines such treatment may be warranted, approval must be obtained from the appropriate Bureau speciality consultant.

- When a specialty consultant is not available, the RDC is the approving authority.

(5) **Consultants/Specialty Services.** If the dental services require a dental specialist's assistance, arrangements will be made through the HSA. The dentist will prepare a Request for Consultation form (SF-513) for each referral to a dentist or a specialist for services.

- Daily treatment logs will be maintained on all

consultants.

(6) **Continuation of Outside Treatment.** The Bureau is not responsible for completing dental care or therapy initiated prior to incarceration. Care will be provided as policy and resources dictate.

Fixed or removable prosthetics fabricated as part of outside care may be sent to the CDO. However, the inmate will be informed that the Bureau is not responsible for any unsatisfactory prosthesis from an outside source.

- The practitioner is to make the judgment as to the acceptability of these appliances.
- Teeth that have been prepared for cast crowns may be maintained with metal or acrylic/polycarbonate pre-formed crowns, unless approval for accessory care is granted.

Previously started endodontic and periodontic therapy will be evaluated for treatment continuation. The CDO will determine maintenance or completion according to professional judgment and available resources.

- For inmates involved in orthodontic tooth movement, active therapy will be discontinued and the appliances used as passive retainers.
- Removal of any fixed orthodontic appliance requires the patient's written consent.

(7) **Refusal of Treatment.** If an inmate refuses a procedure
recommended in the treatment plan, the dentist may deny elective care. If the proposed treatment’s outcome has been compromised by the delay associated with the inmate’s refusal, this will be communicated to the inmate and documented in the health record.
Inmates refusing care will be eligible for emergent care only.

- Any refusal of treatment will be documented on a Refusal of Treatment form (BP-S358).
- Inmates may revoke a signed treatment refusal if the inmate decides to follow the providers

recommended treatment. This must be documented in the inmate's health record.

(8) **Inmates are not entitled to select their own clinician.**

9. **DENTAL LABORATORIES**. All regional dental laboratories will be funded by, and under the general direction of Health Services.

a. **Dental Laboratory Functions and Administration.** Dental Services are provided support in the area of dental prosthetics through the network of five Regional Dental Laboratories located at USP Lewisburg, FMC Lexington, FCI Oxford, FCI El Reno, and USP Lompoc. The dental laboratories serve specific institutions according to the region and case load. They provide an extensive range of services to the field and have two functions.

(1) The primary function is to provide dental prosthetics for a group of institutions (the Chief Dentist will maintain this list and update it as needed). In most cases, these will be institutions within the same region.

(2) The second function is to train inmates through the Department of Labor Apprenticeship Program coordinated through the Education Department. This training will provide the inmates with the skills necessary to gain employment in the field of dental technology.

The Chief Dentist, Central Office, will appoint a Chairperson for the Regional Dental Laboratory Committee. This committee will consist of:

- Chief Dental Technician of each regional laboratory;
- Chief Dental Officer of each institution housing a regional laboratory; and
- Chief Dentist.

Each dental laboratory will submit a quarterly report to the Chairperson, Dental Laboratory Committee. Criteria for the quarterly reports will be determined by the Dental Laboratory Committee and submitted to the Chief Dentist for approval. The Chairperson will compile the reports and submit them to

the Chief Dentist, Central Office.

Dental cases submitted to the laboratory that are of questionable quality and appropriateness will be forwarded to the CDO at the laboratory for evaluation.

- If the case does not meet guidelines it will be returned.

- Dentists consistently submitting cases that are of poor quality will be referred to the Regional Dental Consultant.

b. **Laboratory Staffing.** The regional dental laboratory is under the direct supervision of the CDO at the institution where the lab is located. To provide oversight for both training and production, two laboratory technicians must be employed.

- One technician is needed to direct training activities and one technician to direct production activities, with production being the laboratory's primary function.

- The Lab Director will be certified and laboratory technicians will be trained prior to assignment.

c. **Dental Laboratory Prescription.** A dental laboratory prescription, the white (original) and yellow slips, must accompany all dental work sent to the laboratories. The laboratory will retain the white slip (original) and return the yellow slip with the completed procedure.

The laboratory prescription will be filled out accurately and completely (preferably typed). Do not use the inmate's name or number on the prescription. A detailed design of the prosthesis requested will be provided.

- The laboratory is authorized to refuse dental work without a fully prepared and signed prescription form.

- The same case number will be used on all prescriptions pertaining to that case.

d. **Records.** A log must be maintained to track laboratory cases. This log will be kept in a secure location, ensuring only staff members have access.

Dental laboratories will return the case to the dentist originating the most recent prescription. When an inmate is transferred, the case, with any pertinent information, will be forwarded to the receiving institution's CDO.

- When the case is completed and delivered, the name and registration number of the inmate will be entered on all the prescriptions. The prescriptions will be filed in section 3 of the Health Record.

e. **Packaging and Mailing.** Proper infection control procedures will be completed prior to shipping. All prostheses must be disinfected against bloodborne pathogens (e.g., Virex)prior to shipment to the Regional Dental Laboratory.

10. **PREVENTING MEDICAL EMERGENCIES IN THE DENTAL CLINIC**

a. **Health Evaluation.** All patients seen in the dental clinic will be interviewed as to their current mental/physical condition and current medications. A dental/medical history will be conducted using the Report of Medical Examination form (SF-88) and the Health Intake Assessment/History form (BP-S360). When indicated, laboratory tests and vital signs will be obtained.

b. **Dental Clinic Policy on Medical Emergencies.** Each dental department will be prepared to implement emergency medical care procedures. All dental staff will maintain CPR certification.

11. **DENTAL SERVICES/EXTENT OF CARE.** The extent of care will be dictated by the inmate's response to treatment and interest in his or her oral health. Services will be provided that assist the inmate in promoting oral health.

Some treatment may be limited by a pre-existing medical condition. To assist the practitioner, a written medical evaluation/consultation will be done prior to treatment on these medically compromised patients. A Request for Consultation form (SF-513) will be used for this purpose.

12. **DENTAL RECORDS/GENERAL INFORMATION.** Refer to the Program Statement on Health Information Management.

13. **WORK PLACE SAFETY**

a. **Hazard Communication Program.** A written Hazard Communication Program is mandated by Title 29, CFR 1910.1200. Under this program the following will be required:

- a chemical inventory and usage log of flammable liquids;
- MSDS on products used in the unit and records of training on MSDS; and
- a documented employee training program.

A copy of this program can be obtained from the institution's Safety Manager. MSDS will always be placed in close proximity to chemicals/products for employee accessability.

b. **Other Safety Requirements.** Flammable and corrosive materials must be stored and inventoried appropriately.

The use of amalgam capsules and covered amalgamators will be standard in all clinics. Scrap amalgam will be handled and disposed of in accordance with OSHA standards.

- All staff and inmates working in the dental lab and dental clinic will wear appropriate personal protective equipment (PPE).
- Inmates receiving treatment will be provided protective eye wear.
- Documentation of the Department's safety orientation will be maintained in the CDO's office.
- Monthly safety lectures will be provided to all inmate workers. Documentation of these lectures will be forwarded to the institution's safety office.

14. **SPECIAL DENTAL DIETS.** Special diets may be prescribed for a limited time and renewed consistent with local policy.

- **!** The absence of dentures in a healthy individual does not warrant a special non-chewing diet.

15. **INTERMAXILLARY FIXATION.** A means of removing fixation is to be readily available to staff who are supervising inmates with intermaxillary fixation.

16. **BIOPSY SERVICE.** All institutions will have a pathology service available. Institutions may choose to participate in a current agreement between the PHS and the National Naval Dental Center which allows Bureau clinics to send their biopsy specimens to Bethesda, Maryland, or San Diego, California (this may be subject to change).

- **!** If necessary, a telephone or fax response may be requested.

Mail containers and forms can be obtained from:

Chief, Oral Pathology Service
National Naval Dental Center, Bethesda MD 20014
or
Chief, Oral Pathology Service
Naval Dental Center, San Diego CA 92136-5147

All biopsy results will be reviewed and initialed by the referring practitioner and referred to the Tissue Committee.

- **!** Biopsy findings will be explained to the patient and noted in the treatment record.

17. **SECURITY.** The dental clinic presents several areas of security concerns including oversight of inmates, records, instruments, needles, hazardous chemicals, flammable materials, and computers.

The CDO will consult with the institution Chief Correctional Supervisor in developing the security measures in the dental clinic.

- **!** Needles, syringes, irrigation syringes, and acid etch syringes will be accounted for using the procedures established in the Program Statement on Pharmacy Services.

! Class A and B tools will be stored and inventoried in accordance with tool control policies. Refer to the Program Statement, Correctional Services Manual.

! Inmates **will not be** in the dental clinic without staff supervision. All dental staff members will be responsible for supervising inmates and conducting pat searches for contraband. Refer to the Program Statement on Searches of Housing Units, Inmates, and Inmate Work Areas.

! Policy/procedures will be developed with guidance from the institution's Computer Services Manager for computer and information security .

! Consult your RDC when developing the security measures in the Dental Clinic.

/s/
Harley G. Lappin
Director